

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000810

STATE FILE NUMBER

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 7

FILED JAN 12 1962

1. PLACE OF DEATH

a. COUNTY

Cole

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Maries

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Jetterson City

Length of stay in 1b

4 days

c. CITY
OR TOWN

R.F.D. Blend

Inside Limits

Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Chas. Still Hosp.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

2 mi. - S.W.

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Thomas Huston Crider

4. DATE OF DEATH

Month

Day

Year

Jan 1 - 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Sept 14 - 1889

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

Own farm

11. BIRTHPLACE (City and state or country)

LaSalle County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Fred Crider

13b. MOTHER'S MAIDEN NAME

Rebecca Smith

14. NAME OF SPOUSE OR WIFE

Jora Berberich Crider

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Miss Jora Crider

Address

Blend - Mo

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARDIAC Arrest

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CARDIAC ANEMIA

3 mos

DUE TO (c)

COP Pulmonale

1 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-9-58 to 1-1-62 and last saw him alive on 1-1-62
Death occurred at 12:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Wm. Fredler D.O.

(Degree or title)

22b. ADDRESS

Blend Mo

22c. DATE SIGNED

1-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Buried

23b. DATE

Jan 3 - 1962

23c. NAME OF CEMETERY OR CREMATORY

Campbell Cemetery

23d. LOCATION (City, town, or county)

Maries County Mo.

(State)

24. FUNERAL DIRECTOR

S. S. Smith

25. DATE RECD. BY LOCAL REG.

3 January 1962

26. REGISTRAR'S SIGNATURE

R. P. Harris, M.D.

27. REGISTRAR'S SIGNATURE

W. Richter, Jr.

28. REGISTRAR'S SIGNATURE

[REDACTED]

(Licensed Embalmer's Statement on Reverse Side)

MAR 27 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chertin Saccmann

Licensed Embalmer No. 4178

P. O. Address Blanch - h

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.